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ABSTRACT

This appendix to the 14th annual report on implementation of the Individuals with Disabilities Education Act contains reports on progress in addressing the needs of two special populations: migrant students with disabilities and Native Pacific Basin and Native Hawaiian students with disabilities. Migrant students with disabilities tend to have additional disadvantages that complicate service delivery, including poverty, limited English proficiency, residence in rural areas where services are limited, disruptions to service delivery and needs assessment due to mobility, lack of parental involvement, and shortages of qualified teachers and other personnel. Recommendations for improving service delivery to this population include development of appropriate teacher education programs, expanded data collection, development of assessment instruments for language-minority limited-English-proficient students with disabilities, improving communication between sending and receiving school districts, reassessment of the Migrant Student Record Transfer System, interagency cooperation, and inclusion of bilingual migrant staff members. Native Pacific Basin students with disabilities also have additional disadvantages: geographic isolation, language and cultural differences, very limited financial resources, and shortages of trained educators. Issues related to cultural and linguistic differences are also relevant for Native Hawaiians. Interagency cooperation in the provision of services and innovative approaches to programming have shown some promise in the Pacific region. However, additional data and research are needed. The two reports contain 65 references. Data tables detail numbers and percentages of students receiving special education services, by disability. (SV)

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Special Populations: Migrant Students with Disabilities; Native Pacific Basin and Native Hawaiian Students with Disabilities. Appendix G.

TO ASSURE THE FREE APPROPRIATE PUBLIC EDUCATION OF ALL CHILDREN WITH DISABILITIES

Individuals with Disabilities Education Act, Section 618

Fourteenth Annual Report to Congress on the Implementation of The Individuals with Disabilities Education Act

Prepared by the
Division of Innovation and Development

Office of Special Education Programs
U.S. Office of Special Education and
Rehabilitative Services

1992

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APPENDIX G

SPECIAL POPULATIONS

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MIGRANT STUDENTS WITH DISABILITIES[1]

Three distinct migrant worker streams, originating in three separate States, exist in the United States. These are the Eastern Stream of Hispanics, Haitians, and whites from Florida; the Central Stream of Hispanics and blacks from Texas; and the Western Stream of Hispanics and Western Pacific immigrants from California (Lawless, 1986). Migrant families tend to live in the three sending States from November to April, then move to find work during the remainder of the year. As defined by the U.S. Department of Education and published in the Federal Register (April 13, 1980),

> a "currently migratory child means a child whose parent or guardian is a migratory agricultural worker or a migratory fisher; and who has moved within the past 12 months from one school district to another ... to enable the child, the child's guardian, or a member of the child's immediate family to obtain temporary or seasonal employment in an agricultural or fishing activity. ... Formerly migratory child means a child who was eligible to be counted and served as a currently migratory child within the past five years, but is not now a currently migratory child."

For the 1990 calendar year, the Migrant Student Record Transfer System (MSRTS) reported that 433,628 full-time-equivalent students were served under the Federal Chapter 1 Migrant Education Program (IMEC, 1987). State-reported data indicate that half of the Chapter 1 Migrant Education Program participants are formerly migrant (Henderson, et al., 1990).

Migrant students are frequently language minority-limited English proficient (LM-LEP), have cultural values different from those of the majority culture, are residents of rural areas, and live in poverty. In 1987-88, 75 percent of migrant students were Hispanic, 12 percent were white, 4 percent were black, 2 percent were Native Americans, and 4 percent were Asians. For 3 percent of the students, no ethnic background information was available (Henderson et al., 1990). Their families are likely to have economic, health, dental, and housing needs (IMEC, 1986). Mobility, however, compounds the impact of these factors on children's education, making continuity of educational services very difficult. Families may move several times during a school year as adults search for employment, resulting in irregular school attendance; students may work in the fields to help support their families (Serrano, 1980).

Migrant children are also exposed to the dangers of pesticides. While the effects of chronic exposure to pesticides are not clearly understood, among the suspected results are behavioral and psychological disabilities. Contact with pesticides can be devastating during pregnancy and child care periods.

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[1]The information presented in this section is based on data collected in 1988; where available, updated information has been included.

> Because of changes in a pregnant woman's lung function, she is more susceptible to pesticide poisoning. Exposure to pesticides during pregnancy has been linked to both higher than normal rates of fetal limb defects and Down's Syndrome. Since some chemicals are secreted in human milk, the infant continues to be affected when the mother nurses her baby. Pesticides also may decrease the amount of milk a woman can produce (Rural Health Care Association, in The Interstate Migrant Education Council, 1988).

As movement from district to district and State to State occurs, diverse education laws, regulations, policies, programs and standards are encountered, resulting in greater disruption of the educational process. As a result, migrant students frequently lag behind their peers in educational achievement and are more likely to drop out than their non-migrant peers (IMEC, 1987). One estimate is that approximately 80 percent of migrant adolescents drop out of school because they cannot meet graduation credit or course requirements (Martinage, 1986). In addition, data suggest that lower achieving migrant students are more mobile than higher achieving migrant students (Chin, 1984; Interstate Migrant Education Council, 1985; New York State Department of Education, 1968; Plato, 1984, in Joyce, 1989).

PROGRAMS FOR MIGRANT STUDENTS

Migrant children, both those with and without disabilities, may participate in the ESEA Chapter 1 Migrant Education Program, the High School Equivalency Program, the College Assistance Migrant Program, and the Handicapped Migratory Agricultural and Seasonal Farmworkers Vocational Rehabilitation Service Program.

The ESEA Chapter 1 Migrant Education Program provides compensatory education plus health, nutritional, and other support services. Funds may be employed to improve the education program of migrant children through implementation of bilingual education; hiring teachers, aides, social workers, or counselors to work in such programs; providing cultural, recreational, and library services; training staff in the culture and needs of migrant students; and purchasing educational materials and equipment (Serrano, 1980). The High School Equivalency Program recruits students to finish their education and provides study skills training; instruction in math, reading, writing, and communications; plus counseling and other support services. The College Assistance Migrant Program recruits students for college attendance, provides counseling and other support services as well as supplemental instruction in study skills and basic skills instruction. Finally, the Handicapped Migratory Agricultural and Seasonal Farmworkers Vocational Rehabilitation Service Program provides various rehabilitation services, such as counseling, physical and mental restoration, vocational training, and job placement (Fitzgerald & Hopper, 1985).

In early years, migrant education programs were concentrated at the elementary school level; recently there has been more emphasis on secondary programs, to ensure that students are able to complete diploma programs despite their movement. For example, in New York State the Portable Assisted Study Sequence (PASS) program permits students to gain credit through

correspondence courses. In addition, the State supports an Adolescent Outreach Program (AOP) to assist students in transferring credits across schools (Martinage, 1986). Migrant students are frequently served individually by instructional aides, particularly at the elementary school level; at the secondary level, work study, independent study, and correspondence courses are frequently used (IMEC, 1986).

Service levels for preschool migrant children have increased in recent years. However, Migrant Head Start projects still do not serve many eligible children. One study revealed that in 1985, 5.7 percent of the students eligible for Migrant Head Start were served. Of the 28 States with these programs, 2 served over 50 percent of those eligible, and 17 served less than 10 percent of eligible children (East Coast Migrant Head Start Project, 1986).

SPECIAL EDUCATION FOR MIGRANT STUDENTS WITH DISABILITIES

Studies indicate that migrant students are identified as having disabilities less often than the general population and that migrant students may be underserved among students with behavior disorders and communication impairments, and overserved among those with mild mental retardation, and other health impairments. However, these studies have been conducted primarily at the State or local level and may not reflect national trends. Examples of findings from such studies include:

- In California, approximately 8 percent of the school population was served with disabilities, but only 1.4 percent of the migrant school population was served (Bird, 1985).

- Migrant students were slightly underrepresented among Washington's special education students (Duran, 1983).

- In Oregon, approximately 6 percent of migrant students received special education; students participating in the Chapter 1 Migrant Education Program were slightly more likely to qualify for special education than were other Chapter 1 program participants and State compensatory education program participants (Plato, et al., 1986).

- The General Accounting Office reported that in 1981 approximately 6 percent of the migrant students in six school districts were receiving special education (GAO, 1983).

- A recent study found that among migrant students with disabilities in 10 Chapter 1 Migrant Program sites in six States, most migrant students had visible, more severe disabilities rather than mild disabilities (Marks, 1987).

In Washington, migrant students with disabilities were less frequently identified as having behavioral disorders and communications disorders than the general population; they were more frequently identified as having mild mental retardation and other health impairments (Duran, 1983).

Beginning in 1983, expanded data on students with disabilities were included in the Migrant Student Record Transfer System (MSRTS), providing more detailed information on migrant students with disabilities in at least a sample of States. MSRTS data for 1986-87 were available for only approximately 6,000 migrant students with disabilities. The majority of the students for whom data were reported were being served in Arizona, California, Florida, Oregon, Texas, and Washington. These States account for 78 percent of the students for whom data were available. By 1989-90, all States were reporting migrant students with disabilities in MSRTS and the total number of students reported was 34,123.[3]

For the migrant students reported in MSRTS in 1986-87 as having disabilities, virtually all, 97 percent, were receiving special education services, and 96 percent had IEPs. For the migrant students with disabilities reported in MSRTS, the most frequent disability category was specific learning disabilities; approximately 64 percent of the migrant students with disabilities were classified as having specific learning disabilities. (See table G.1.) Approximately 13.5 percent of the migrant students with disabilities were categorized as having speech impairments, with a similar percentage classified as having mental retardation. Only approximately 3 percent were categorized as having serious emotional disturbances and almost 3 percent were classified as having "other" disabilities.

As shown in table G.1, MSRTS data suggest that a larger proportion of migrant students (63.8 percent) were served with learning disabilities than was true for all students with disabilities (43.6 percent). The data also suggest that a smaller proportion of migrant students were served with speech or language impairments (13.4 percent compared to 25.8 percent for all students) and serious emotional disturbances (2.9 percent compared to 8.7 percent for all students). For the mental retardation category and the other health impairments category, the proportion of migrants and all students served was very similar. (See table G.1.)

The most frequent secondary disability for migrant students, like all students with disabilities, was speech impairments; 10 percent of the migrant students with disabilities had this additional disability. (See table G.2.) The vast majority of students, almost 87 percent, were not reported to have a secondary condition.

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[3]These data were not available by disability at the time of publication.

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TABLE G.1

Number and Percentage of Migrant Students in 1986-87 and Percentage of All Students in 1989-90 Receiving Special Education, by Disability

Disability	Migrant Students in 1986-87		All Students in 1986-87	All Students in 1989-90
	Number	Percent	Percent	Percent
Specific learning disabilities	3,609	63.8	43.6	48.4
Speech impairments	756	13.4	25.8	22.9
Mental retardation	772	13.6	15.0	13.3
Serious emotional disturbance	163	2.9	8.7	9.0
Hearing impairments	50	0.9	1.5	1.4
Orthopedic impairments	47	0.8	1.3	1.1
Other health impairments	70	1.2	1.2	1.2
Visual impairments	33	0.6	0.6	0.5
Multiple impairments	--	--	2.2	2.1
Other	155	2.7	--	--
All Conditions	5,655	100.0	100.0	100.0

Source: Migrant Student Record Transfer System (MSRTS) and U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

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TABLE G.2

Number and Percentage of Migrant Students Receiving Special Education for a Secondary Disability, by Disability: 1986-87

Disability	Number	Percent
Specific learning disabilities	69	1.2
Speech impairments	530	9.3
Mental retardation	13	0.2
Serious emotional disturbance	36	0.6
Hearing impairments	39	0.7
Orthopedic impairments	20	0.3
Other health impairments	18	0.3
Visual impairments	11	0.2
Other	24	0.4
No additional conditions	4,908	86.6
Total	5,668	100.0

Source: Migrant Student Record Transfer System (MSRTS).

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Data from North Carolina indicate that approximately 6.5 percent of all migrant students in the State in 1986-87 received special education.[3] Among migrant students with disabilities in North Carolina, the largest proportion of students were classified as having learning disabilities, followed by mental retardation, speech/language impairments, and behavioral/emotional disturbance. (See table G.3.)

The North Carolina data indicate that migrant students were less likely to have speech/language impairments (14 percent) than were all students with disabilities in the State (26 percent), while they were more likely to have mental retardation (31 percent verses 20 percent) and emotional disturbance (9.5 percent verses 7 percent). Migrant students were only slightly less likely to have learning disabilities (41 percent) compared to all North Carolina students (42 percent).

For the 1986-87 school year, approximately 12.5 percent of all preschool students receiving services from the Texas Migrant Council Head Start Project had disabilities. (See table G.4.) Migrant preschool students with other health and developmental impairments were most frequently served; they constituted 35 percent of all participating migrant students with disabilities. Approximately 28 percent had speech impairments, and 25 percent had physical disabilities.

For the same school year, approximately 16.6 percent of all students receiving services from the East Coast Migrant Head Start Program had disabilities. (See table G.5.) The largest proportion of these preschool children with disabilities, almost 54 percent, were in the categories of other health impairments, followed by orthopedic impairments (15 percent), hearing impairments (12 percent) and speech impairments (10 percent).

State-reported special education data collected by OSEP for 1986-87, the last year in which these data were collected, indicate that of all 3- to 5-year-old children served under the Individuals with Disabilities Education Act, Part B, the most common types of disabilities were: speech impairments (69.5 percent), mental retardation (8.0 percent), learning disabilities (7.5 percent), and multiple disabilities (5.4 percent). (See tables G.4 and G.5)[4] These data imply that the disabilities of preschool students served in the East Coast Migrant Head Start Program were different from the disabilities of preschoolers across the nation. This may be due to differences in the requirements of the two programs. For example, at that time under IDEA, each student served under the program had to have a specific disability.[5] Since Head Start serves both students with and without disabilities, a specific disability was not a criteria for eligibility.

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[3]The North Carolina database provides information on the number of students receiving special education by ethnic group and migrant status.

[4]Data on students served under Chapter 1 of ESEA (SOP) were not reported by age group for the 1986-87 school year.

[5]Students under age 6 served under IDEA are no longer reported by the category of disability.

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TABLE G.3

Number and Percentage of Migrant Students and All Students in North Carolina Receiving Special Education, by Disability: 1986-87

Disability	Migrant Students in North Carolina		All Students in North Carolina	
	Number	Percent	Number	Percent
Specific learning disabilities	141	40.99	44,613	42.17
Speech impairments	49	14.24	27,430	25.93
Mental retardation	106	30.81	21,417	20.24
Serious emotional disturbance	33	9.59	7,453	7.04
Hearing impairments	2	0.58	1,246	1.18
Orthopedic impairments	7	2.03	883	0.84
Other health impairments	1	0.29	1,178	1.11
Visual impairments	1	0.29	528	0.50
Deaf-blindness	3	0.87	5	0.00
Multiple impairments	1	0.29	1,043	0.99
All Conditions	344	100.00	105,798	100.00

Source: North Carolina State Department of Public Instruction, Division of Student Information Management.

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TABLE G.4

Number and Percentage of Preschool Students Receiving Special Education Under the Texas Migrant Council Head Start Project, and IDEA, Part B,[a] by Disability: 1986-87

Disability	Texas		EHA-B Percent
	Number	Percent	
Specific learning disabilities	2	0.3	7.5
Speech impairments	166	27.7	69.5
Mental retardation	10	1.7	8.0
Serious emotional disturbance	2	0.3	2.5
Hearing impairments	43	7.2	1.9
Orthopedic impairments	149	24.8	2.8
Other health impairments	208	34.7	1.6
Visual impairments	18	3.0	0.7
Multiple impairments	--	--	5.4
Deaf-blindness	--	--	0.04
All Conditions	598	100.0	100.0

Source: Texas Migrant Council Head Start Database and U.S. Department of Education, Office of Special Education Programs, Data Analysis Systems (DANS).

[a]Figures for IDEA, Part B include students age 3-5.

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TABLE G.5

Number and Percentage of Preschool Students Receiving Special Education Under the East Coast Migrant Council Head Start Project, and IDEA, Part B,* by Disability: 1986-87

Disability	East Coast Migrant		EHA-B Percent
	Number	Percent	
Specific learning disabilities	2	0.2	7.5
Speech impairments	84	10.0	69.5
Mental retardation	19	2.3	8.0
Serious emotional disturbance	14	1.7	2.5
Hearing impairments	102	12.2	1.9
Orthopedic impairments	125	14.9	2.8
Other health impairments	450	53.6	1.6
Visual impairments	43	5.1	0.7
Multiple impairments	--	--	5.4
Deaf-blindness	--	--	0.04
All Conditions	839	100.0	100.0

Source: East Coast Migrant Head Start and U.S. Department of Education, Office of Special Education Programs, Data Analysis Systems (DANS).

*Figures for IDEA, Part B include students age 3-5.

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Because of the limited amount and utility of data available, few generalizations are possible concerning the disabilities of migrant students. The MSRTS, North Carolina, and Texas data showed that migrant students were less likely to be classified as having speech impairment than were other children with disabilities. No consistent pattern was evident for the learning disabilities category. Contrary to previous research, only preschool migrant students were classified as having more visible disabilities than non-migrant students.

More than half of the migrant students with disabilities reported in MSRTS received no related service for their primary disability; 15.6 percent received speech pathology, 10.0 percent received an unlisted, i.e., "other" service, and 7.5 percent received counseling. (See table G.6.)

FACTORS ASSOCIATED WITH THE PROVISION OF SPECIAL EDUCATION TO MIGRANT STUDENTS

While migrant students with disabilities share many of the educational disadvantages of rural students and LM-LEP students, it is their mobility that makes their needs unique. Therefore, the majority of this section will focus on mobility as a barrier to special education service provision. Brief discussions of language and culture, socioeconomic status, and residence in rural areas will follow.

Mobility

The mobility common to migrant agricultural workers and fishers can impede every aspect of the special education process, from identification and assessment, through service delivery, including the availability of adequate personnel, parental involvement, and interagency coordination.

Identification and Assessment

Identification of migrant students with disabilities is particularly difficult given the short length of time some migrant students stay in any given school district. The special education identification and assessment process can be lengthy and costly; it may not be complete by the time a migrant student transfers to another district. As a result, identification of migrant students with disabilities may occur at a later age than is the case with non-migrant students. One recent study found that migrant students with disabilities were sometimes placed in migrant programs without full assessments of their needs because of the time involved in the process of identifying and assessing a child for special education. In addition, special education eligibility criteria may differ from district to district or from State to State, resulting in reassessment of students each time they move. Sometimes it is difficult to obtain test data from assessments performed in other districts (IMEC, 1984; Barresi, 1980). Regardless of data availability, a recent study indicated that districts tend to do their own evaluations of students (Marks, 1987).

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TABLE G.6

Number and Percentage of Migrant Students Receiving Related Services, 1986-87

Related Service	Students Receiving Services in 1986-87	
	Number	Percent
Psychological services	279	4.3
Social work	34	0.6
Occupational therapy	82	1.3
Speech pathology	1,003	15.6
Audiology	29	0.4
Physical therapy	23	0.4
Transportation	359	5.6
School health services	114	1.8
Counseling	483	7.5
Medical services	32	0.5
Parent counseling	10	0.2
Other	644	10.0
No related services	3,332	51.8
Total	6,424	100.0

Source: Migrant Student Record Transfer System (MSRTS).

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The mobile lifestyle of migrant students needs to be taken into account in assessing students for special education; it frequently leads to the student falling behind non-migrant peers academically, and may also mean the child has limited socialization experiences (Pyecha & Ward, 1982). Also, migrant students' travel may result in conflicting experiences affecting their responses to traditional assessment tools (Coballes-Vega & Salend, 1988).

Guidelines for accurate assessments for migrant students with disabilities have been developed by Coballes-Vega & Salend (authors, 1988). These include the identification of the student's language background for purposes of testing, the family's speech community, the distinctions in usage among the different groups, the student's language preference in the home and community, and the student's language preference in school. They also suggest the use of assessments of adaptive behavior to overcome cultural differences, and they propose ways of insuring parental participation such as: conferences or interviews in the parents' primary language, consent forms in their language, and oral rather than written communication (parents often cannot read). They also suggest interviewing former teachers, using curriculum-based assessment, and creating a network of community resources (Coballes-Vega & Salend, 1988).

Several additional attempts have been made to assure accurate identification and assessment of migrant students with disabilities, specifically addressing the issue of mobility.

- The Interstate Project for Services to Migrant Handicapped Students operated by the Oregon Department of Education developed an interstate model to ensure that migrant students with disabilities are appropriately identified and assessed as they move. The tool for this model was an expanded database for each student to be included in the Migrant Student Record Transfer System. These data included the type of disability, assessment and evaluation information, existence of an Individualized Education Program (IEP), and information about previous services received by the student. The project was funded under Section 143 of the Chapter 1 Migrant Education Program (Friend, 1988).

- The Upstate Regional Office and Migrant Unit of the New York State Education Department undertook a project to assure timely identification of migrant youth with disabilities. The project was funded under Section 143 of the Chapter 1 Migrant Education Program. Project staff developed training videos and other materials to provide information to parents to help them understand their child's disability, to identify and locate needed services, and to communicate effectively with service providers (Friend, 1988).

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- The Parent-Tutorial-Project of the New York State Migrant Education Program works with all migrant preschool children, but additionally works to assure early identification of migrant students with disabilities. When children are suspected of having disabilities, an assessment of developmental skills is performed. If the child appears to have a disability, referrals to community agencies are made, child find personnel are alerted, and the local school district is notified. A parent educator also works with the child's parents to increase their teaching and parenting skills (Ward, 1986).

Special Education Service Delivery

One of the most critical issues facing the education of migrant students with disabilities is service continuity; mobility makes continuous service to students with disabilities extremely difficult. The Migrant Student Record Transfer System was developed to provide information to schools receiving migrant students so that services could be provided as soon as the child enrolls in school. The data on students' disabilities were added to the system in 1986-87. Unfortunately, student records are frequently incomplete, especially regarding language skills, achievement test scores, and student program services (Marks, 1987). Classroom teachers and aides have not found the system very useful because of problems related to the technology employed, the lack of useful information, and the fact that data are often too late to be helpful (Marks, 1987). Barresi (1982) has suggested that parents be given copies of their children's records to take with them as they move.

Described below are attempts to assure continuity of services and appropriate programming to migrant students with disabilities.

- The East Coast Migrant Head Start Project has developed health continuity and developmental education records which parents take from center to center as they enroll their children; these ensure that children receive continuous services, and they promote optimal progress for the child (U.S. House of Representatives, 1986).

- The National Migrant Special Education Center operated by the New York State Department of Education prepared various materials for use with migrant students with disabilities. These included individualized activities for particular disabilities, activities in reading, science, mathematics, and language arts for students by grade level, and descriptions of special projects for students in art, music, and puppetry. Project staff also conducted workshops on these activities for migrant staff in 32 States (Friend, 1988).

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In order to deliver appropriate special education services to migrant students, education agencies require adequately trained personnel, parental involvement, and interagency cooperation and coordination. In the following section, each of these factors is discussed as it relates to the mobility of migrant students.

Personnel. Various attempts are being made to assure more personnel are trained to work with migrant students with disabilities. Special educators are not frequently trained to assess the unique needs of migrant students (Caballes-Vega & Salend, 1988). Migrant personnel are not often trained in Federal and State regulations concerning the provision of a free appropriate education to children with disabilities; yet they are the staff who usually first come into contact with migrant students with disabilities (Sauer, 1982). Moreover, since many migrant students are LM-LEP, the limited number of bilingual special education personnel impacts significantly on this group as well.

In an attempt to improve the quality of instruction for migrant students, a series of study units was developed by the Migrant Educators' National Training Outreach (MENTOR) which was sponsored by the Department of Education and the New York State Department of Education's Bureau of Migrant Education; these units were designed for in-service and preservice teacher education (Lawless, 1986).

The State University of New York at New Paltz is now offering a graduate program to train professionals to work with migrant students with disabilities. This master's level program is operating under a five-year grant from the U.S. Department of Education (Council for Exceptional Children, 1989).

Parental Involvement. IDEA establishes procedures requiring parental participation. Parents must be provided with information, assistance, and/or counsel to assure that they understand the proceedings and decisions involved in special education placements. Parental consent forms must describe evaluations, tests, records, or other reports used to make educational decisions.

Frequent family movement, changes of address, and lack of phone service can make communications between school and parents extremely difficult. Efforts must be made to inform migrant parents of IEP meetings, conferences, and the like. Migrant parents also tend to be less well educated than are other parents (IMEC, 1987). Frequently they are unable to read (Caballes-Vega & Salend, 1988). Moreover, migrant parents frequently have little information concerning their children's disabilities, and programs available for students with disabilities (Oregon Department of Education, 1987). Attendance at IEP meetings and conferences is frequently not possible given the location and hours of parents' jobs. Those States sending migrant students tend to have better parent organizations than do receiving States since parents are in sending States for a larger portion of the year (IMEC, 1986).

The Interstate Project for Services to Migrant Handicapped Students, directed by the Oregon Department of Education, worked with parents to train and support them in meeting the needs of their students with disabilities. The project was funded under Section 143 of the

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Chapter 1 Migrant Education Program. A process was developed to provide information, referral, and case management services to parents (Friend, 1988).

Interagency Coordination. Among the various Federal programs serving migrant students, eligibility criteria differ, definitions of migrant differ, data are not consistent across programs, and tracking systems are not fully utilized, indicating a need for further coordination.

Section 1203 of the Hawkins-Stafford School Improvement Amendments of 1988 set aside monies for intrastate and interstate coordination of services. This is made difficult by the different types of administrative arrangements for migrant education across States. For example, in some States migrant education is part of compensatory education; in others, it is part of the bilingual program, the Chapter 1 program, or a separate office (Friend, 1988). Also there are conflicting agency goals and policies, making cooperation difficult (California State Department of Education, 1985).

A 1982 study revealed that few States had policies concerning the transferring of credits for students either within State or across States (Ogletree & Janick, 1982). In half of the States, school districts were responsible for decisions concerning credit transfers. Eight States had interstate policies and agencies for credit transfer while 10 States had intrastate credit transfer policies and agencies. Cooperative agreements across the States and agencies are needed to identify migrant students with disabilities (Barresi, 1982); this would increase the number of students identified and served. Also, agreements are needed on the transferral of student records across States.

The establishment of local community networks to serve migrant students with disabilities is an efficient means of coordinating available services for these students (Barresi, 1982). Local cooperation between education and medical communities has helped to develop MSRTS records (IMEC, 1986), although MSRTS is not linked to migrant health centers (California State Department of Education, 1985). To date, Federal program officials report that coordination has been most successful at the local level (Fitzgerald & Hopper, 1985). The State of Maryland is currently investigating a secondary exchange system which involves examining the student's record in the home-based school and appropriately adjusting the student's course work in the current school (Friend, 1988).

Despite difficulties, cooperative efforts continue to be undertaken at the National, State, and local levels. The Interstate Migrant Education Project of the Education Commission of the States has worked to coordinate planning and implementation of migrant education programs; it has also worked to make the public aware of this population such that improvement of services may occur (Perry, 1982). The State of Oregon has created a Committee for Migrant Special Education which meets regularly to discuss local action plans for migrant special education, identify training needs, and plan regional conferences to assist local staff in implementing their action plans (Oregon Department of Education, 1987). The Warwick Valley Migrant Education Program uses various community-based services to address the needs of migrant students. Local hospitals and private practitioners provide health services; food services are provided by the school

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system, the county health department, and the USDA food program. The local Rotary Club financially sponsors screening activities (Hershman, 1986).

Language and Culture

Language and culture further impede the provision of appropriate special education services to migrant students. Data indicate that 75 percent of migrant students are Hispanic (Henderson, et al., 1990). This percentage has increased over the past several years as the migrant population has become decreasingly black and increasingly Hispanic. The implications of this shift are a growing LM-LEP student population and cultural diversity that may impede the appropriate provision of special education services. One study indicated that more than 40 percent of migrant students had sufficient problems with English, that language interfered somewhat in their classroom performance (Cameron, 1981). California reports that more than 70 percent of their migrant students are limited English proficient (California State Department of Education, 1989).

The combination of a disability, migrancy, and limited-English proficiency makes service delivery extremely challenging. Very little data are available on effective instructional practices for LM-LEP students with disabilities, let alone migrant LM-LEP students with disabilities. Effective bilingual practices and effective special education practices do not necessarily combine to make effective bilingual special education practices. Rather, a new field of education is beginning to emerge, addressing the complex relationships between language proficiency, disabilities, and educational practices. The remainder of the discussion on language and culture as impediments to appropriate services for migrant students with disabilities relate to services for LM-LEP students with disabilities as well. (A complete discussion of special education services to LM-LEP students will appear in a future report to Congress.)

The following section addresses issues related to the identification and assessment of migrant students with disabilities and service delivery as impeded by languages and cultures different from those of the majority population.

Identification and Assessment

Because the results of educational assessments are used in the development of an individualized educational program, the appropriateness of that program may be jeopardized by the barriers to accurate assessment of LM-LEP students with disabilities (Plata, 1982).

Current research suggests that it is very difficult to distinguish between the impact of a disability on the student's learning and the failure of a student to understand the majority language and culture, impeding the accurate assessment of the student's disability. Teachers unfamiliar with the impact of language problems on a student's learning may refer students to special education classes based on their judgment of the student's English proficiency (Cegelka, et al., 1986; Rueda et al., n.d.). Behaviors that children normally exhibit while learning a second language, such as

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poor comprehension, limited vocabulary, or grammatical errors, may be interpreted as symptomatic of learning problems. Migrant student behaviors may be identified as serious emotional disturbance or learning disabilities because of the variation in cultural expectations, assumptions, and values held by the students (Oregon Department of Education, 1987).

LM-LEP students may exhibit language deficiencies in their primary language if they came to an English language environment prior to acquiring proficiency in their primary language. Also, young students rapidly learn the social language of English, but not the academic language of English required on most assessment instruments. Therefore, students may appear proficient in English when, in fact, they have not developed the language skills necessary for academic success. Typically, social language is developed in about three years while school language takes five to seven years (Baca, 1988).

Tools of Assessment. Special care is needed to assure unbiased assessment for migrant LM-LEP students since language is the key to many instruments used to determine a student's need for special education. Under IDEA, "Such materials [tests] or procedures shall be provided and administered in the child's native language...unless it is clearly not feasible to do so..." (Sec. 612(5)(c) in Figueroa, 1989). Data show that the testing of LM-LEP students is still performed primarily in English (Figueroa, 1986; Ortiz, 1986; Rueda, Figueroa, Mercado, & Cardoza, 1984 in Figueroa, 1989). A study of Hispanic students with learning disabilities, mental retardation, and speech impairments in three Texas districts indicated that only 25 percent of the assessments contained evidence of current language proficiency testing. Results of prior testing tended to be a year old (Ortiz & Yates, 1988). Without up-to-date information on the student's language proficiency, decisions about appropriate assessment practices are hampered.

Options for assessing the special education needs of LM-LEP students include: (1) translating psychometric tests into the student's primary language, (2) using an interpreter during assessment, (3) using norm-references tests developed in the student's primary language, and (4) using a bilingual psychologist. These approaches also have their shortcomings in that bilingual assessment personnel are in short supply, and tests, although easily translated, may produce results which are difficult to interpret.

Special Education Services for LM-LEP Migrant Students

Special education service delivery requires access to facilities and programs, use of appropriate curricula, adequately trained personnel, and parental involvement. The following section addresses these needs as they relate to the language and culture of migrant students.

The majority of migrant students are Hispanic; one study indicates that over 40 percent suffer from English language deficiencies (Cameron, 1981). Therefore, issues related to serving LM-LEP students directly relate to serving migrant students as well.

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The use of languages other than English in the educational process is perhaps one of the most intense conflicts within education today. While some educators feel that immersion in an all-English classroom will facilitate integration and English-language acquisition, others feel that services in the primary language are necessary for academic success.

Ten years ago bilingual special education programs were rare. Currently, many States and districts have implemented policies to develop, expand, and improve their programs. However, shortages of appropriate materials and personnel, disagreement on curricula, and issues of access continue to impede the implementation of appropriate services for LM-LEP students with disabilities. These shortages are especially pronounced for students from less common language groups and in districts with few LM-LEP students.

Access. In the absence of programs specifically designed to serve migrant LM-LEP students with disabilities, attempts must be made to coordinate the services of bilingual programs, migrant programs, and special education programs. First, programs must be accessible to the students. Then, the programs must be coordinated in such a way as to allow multiple participation. For example, a student may participate in several pull-out programs, one to address his/her limited English proficiency, one to address educational disadvantagement due to the condition of migrancy, and one to address his/her disability. However, other service delivery patterns (e.g., replacement programs) may be more difficult to coordinate, prompting the need for programs that combine functions.

Curricula. Language minority children with disabilities face several conflicts in their education programming. The educational and home environments may be divergent due to language and cultural differences. Subsequently, these students may be frustrated in the development of a positive self-image due to the resulting dissonance. Bilingual education advocates maintain that because of these problems, LM-LEP students need culturally relevant curricula taught in their primary language. A recent California study noted that only a small portion of the instruction provided to LM-LEP students with disabilities was conducted in the student's primary language (Cegelka, et al., 1986). About half of the students in the California sample received both special and bilingual education; the other students received services from only one of the two programs or from regular education.

The continued debate over the use of primary languages in instruction makes consensus among teachers of LM-LEP students unlikely in the near future.

Personnel. The supply of teachers and other personnel to work with LM-LEP students has not kept pace with increased demand, resulting in personnel shortages. Data indicate that most regular education and special education teachers are monolingual (Salend & Fradd, 1985). The shortage of trained personnel in bilingual education consequently carries over to bilingual and migrant special education as well. Some school districts use interpreters or contract for professionals; these interpreters and consultants are knowledgeable in the bilingual component of teaching students, but generally they are not trained to attend to the special needs of migrant LM-LEP students with disabilities. The personnel shortage is especially evident in terms of bilingual special education assessment personnel. Sometimes assessments are delayed because trained

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personnel are not available (Nuttall, 1987). This can be particularly problematic for migrant students because the time available for assessment may be limited. School districts find it particularly difficult to hire bilingual speech therapists, bilingual psychologists, bilingual special educators, and bilingual audiologists (Del Green Associates, 1983).

Parental Involvement. IDEA requires that written prior notice in the native language of the parents is given in matters related to identification, evaluation, and placement of the disabled student. In addition, an interpreter must be provided at all meetings if the parents cannot communicate in English.

However, language and cultural barriers between parents and school personnel continue to impede appropriate parental participation in the special education process. Hispanic parents tend to be very trusting of school personnel and may feel they are intruding in the school's domain if they express concerns with their children's education, thus they are not inclined to participate in the IEP process. Efforts have been made to involve migrant parents in the education of their children with disabilities by using liaisons proficient in the parent's native language, sending correspondence in the parent's native language, and being aware of language and cultural barriers to participation.

Socioeconomic Status

In addition to the educational risks posed by their migrancy, migrant students are also more impoverished than their peers. In one study of migrant students, 255 of 268 qualified for free or reduced-price lunch (Marks, 1987). Another study indicated that in 1981, migrant farmworkers earned an average of $3,995 from both farm and non-farm employment, with about 68 percent of those earnings coming from farm work. In that same year, the national average non-farm earnings was $13,270 (Pollack & Jackson, 1983, in Dement, 1985). Socioeconomic status, educational levels, and family structure have been shown to relate to academic achievement (Laosa, 1984; Brown, 1980; Carter & Segura, 1979; Duran, 1983; Henderson, 1981; Lambert, 1977; NCES, 1978; Rosenthal, Baker, & Ginsburg, 1983 in Young et al., 1986). Therefore, the educational disadvantagement associated with low socioeconomic status, coupled with the condition of migrancy, can make educational progress difficult.

Identification and Assessment

Because educational disadvantagement and learning problems are both manifested through low academic achievement, the poverty and disadvantagement common to migrant students can complicate the identification and assessment of some disabilities for this population. Some researchers hold that when the choice of classification is learning disabilities or educable mental retardation, a socioeconomic bias influences the placement of low socioeconomic students into the mental retardation category (Burke, 1975; Franks, 1971 in Bernard & Clarizio, 1981). However, more recent research has found *no* significant relationship between socioeconomic status and special education placement (Bernard & Clarizio, 1981).

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Residence in Rural Areas

The nature of the work performed by migrant workers brings them predominantly into rural areas. Several factors influence efforts to serve children living in rural areas. Perhaps the most influential is geography; rural schools often are located in geographically large, sparsely populated areas. Relatively small numbers of students, who are scattered at great distances from one another, must be served. Severe climatic conditions may prevail or seasonally affect the region. Locally, the rate of unemployment may exceed national as well as suburban and urban averages. Because of declining student enrollment, the financial resource base may be low and declining. With costs high and student enrollment relatively low, special services of any kind (e.g., speech and language therapy or music and art) may be difficult to provide.

Community values may stress adherence to established practices and customs, making more difficult the introduction of promising, but non-traditional innovations; e.g., telecommunication advances that speed communications and reduce isolation among teachers. Transportation to general and/or special education programs may be expensive, unreliable during periods of the year, or prohibitive because of distances.

Geographic dispersity can impede the provision of appropriate special education services, from identification and assessment to service delivery, including placement, personnel, and parental involvement.

Identification and Assessment

Within rural areas, appropriate procedures generally are available to assess and identify students who have mild or moderate disabilities (Condon, 1983). For disabilities which are reported less frequently or those which affect educational progress more severely, e.g., hearing impairments, visual impairments, severe and multiple disabilities, assessment procedures are often less than adequate (Helge, 1986). When coupled with diagnostic personnel shortages and scarce resources, the timely and appropriate evaluation and assessment of students suspected as having disabilities is exceptionally difficult. Measures that are available may not be sufficiently sensitive to note cultural differences complicating efforts to accurately identify students in need of special education services.

Service Delivery In Rural Areas

Many factors can interfere with special education service delivery in rural areas. Among them are a lack of placement options, shortages of adequately trained personnel, and lack of parental involvement.

Placement. Because of great distances and relatively small numbers of children, it is often difficult to balance the principal IDEA requirements to provide an appropriate public education and to offer services within the least restrictive environment for each individual child with

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disabilities. Scarcity of resources and personnel in many rural areas make it more difficult to make the full continuum of placements available. Many students with mild and sometimes severe disabilities receive services within regular classrooms as educators seek to meet both the LRE mandate and still provide "specially designed instruction" (Helge, 1986). In general, services are provided with less difficulty to students who have mild rather than severe disabilities, although educators sometimes experience problems providing services within the mainstream that, in fact, are "uniquely suited" to meet the individual student's need.

With respect to students with severe disabilities, school districts are attempting to provide services within the home district or cooperative, and for those served in full-time residential settings, educators and administrators seek ways to allow participation with their peers who are without disabilities. Many rural districts maintain non-categorical resource or self-contained programs to make a continuum of placement options available to students, regardless of disability (Condon, 1983).

Personnel. The recruitment and retention of qualified staff to serve children with disabilities are particularly difficult in rural areas because of a variety of factors, including: salaries that are not competitive with those offered in more urban areas, distances from urban cultural centers, and the frequency with which staff must travel to serve students. Recruitment of related service personnel, e.g., speech and language pathologists, psychologists, social workers, and physical and occupational therapists is especially difficult. Some rural districts report that they are compelled to hire young and inexperienced special education staff to fill positions (Helge, 1981b).

In rural areas, qualified staff are often needed to serve students with a variety of disabilities and needs. However, current certification guidelines in many States require that teachers specialize in one or more areas. Therefore, positions are difficult to fill if applicable certification requirements limit teachers to the provision of services to students with one or two disabilities. Reciprocal certification agreements among States are few, contributing to rural personnel recruitment problems (Helge, 1981a).

Service delivery in rural areas is also affected by difficulties in retaining personnel. Turnover has been estimated at between 30 and 50 percent for special education and support staff in rural areas (Helge, 1981a). Social and cultural isolation or scarce special education resources, induce many special educators and specialists to leave rural schools when a vacancy occurs in a more urban setting.

Parental Involvement. Even though many rural schools have provided for parental participation, parents of students with disabilities often do not become involved in their children's education. Rural parents often feel that school personnel are the experts and know what is best for students. Therefore, parents take on a passive role and agree with any kind of services provided for their children (Helge, 1986). Many rural areas do not have local chapters of parent oriented organizations such as the Association for Retarded Citizens and the Association for Children with Learning Disabilities. Rural parents of students with disabilities are geographically dispersed making participation in such organizations difficult.

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CONCLUSIONS

Effectively serving migrant students with disabilities poses challenges to educators at all levels because of the unique needs of these students. Migrant families tend to have low socioeconomic status; many migrant children are extremely educationally disadvantaged. Substantial numbers of migrant students are limited-English proficient. Residence in rural areas can impede service delivery in accordance with the Individuals with Disabilities Education Act. In addition, the condition of migrancy may cause disruptions in educational services and prohibit the accurate assessment of special educational needs. While some teacher training programs have been developed to address the needs of migrant students with disabilities, shortages of qualified personnel still exist.

In addition to qualified staff, more data are needed to accurately assess the numbers, characteristics, and needs of migrant students with disabilities. Beginning with data for 1988-89, State reported data on the number of migrant students with disabilities in each State being served through the Chapter 1 Migrant Education Program were collected. The States reported serving 34,123 migrant students with disabilities in 1989-90. This data collection effort will provide additional information on the size of the migrant population with disabilities. However, additional data on: the disabilities of migrant students, services they are receiving, and model programs for overcoming barriers to appropriate services, are needed.

Further recommendations for improving service delivery to migrant students with disabilities include: developing assessment instruments appropriate for language-minority limited-English-proficient students with disabilities, and improving the communication between sending and receiving districts. The University of Texas at Austin, with funding from the U.S. Department of Education's Office of Bilingual Education and Minority Language Affairs, is currently refining and field testing an Assessment and Intervention Model for the Bilingual Exceptional Students (AIM for the BESt). One component of the model is the use of curriculum-based assessment to help determine the instructional needs of students based on performance within an existing course content. The assessment provides data to describe precisely what students know in relation to the curriculum being taught (Rivera, 1989). This type of research may facilitate accurate assessment of special education needs for migrant LM-LEP students.

Complaints about the quality and timeliness of data transmitted by MSRTS need to be addressed, or alternative data transmission procedures must be developed. Due to problems with MSRTS, some local school districts have stopped using the system and have opted for alternative data transmission procedures. Some migrant students have predictable routes, spending one-half of every year in one location and the other half in a second. In instances such as this, two local districts can develop a coordinated curriculum for migrant students by communicating directly between districts. Other districts send school transcripts with parents during a move in order to avoid the delays associated with transmission through MSRTS. A reassessment of the MSRTS system is required in order to determine means of improvement.

Finally, special educators and migrant educators need to work together to improve service delivery at every level. At the Federal and State levels, the migrant education offices and the special education offices must be informed of changing regulations that may impact services to migrant students with disabilities. Program monitors should be sensitive to the rights of migrant students with disabilities and ensure that appropriate services are in place at the local level. In addition, through coordination, migrant and special educators can tackle barriers to serving migrant students with disabilities. Improvements may come in the form of revised MSRTS design, teacher training grants, and jointly funded research activities.

At the local level, the inclusion of migrant personnel on special education pre-referral teams, coordination of services offered through MEP and special education, and use of bilingual migrant staff members in assessing student needs are just a few areas for coordination. One of the successes of the Migrant Education Program has been parental involvement. Personnel from MEP that understand the language and culture of migrants may serve not only in working with students, but in working with the parents of migrant students with disabilities, bridging the gap between special educators and migrant families.

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NATIVE PACIFIC BASIN AND NATIVE HAWAIIAN STUDENTS WITH DISABILITIES[6]

The Pacific Basin region encompasses American Samoa and Guam, the Commonwealth of the Northern Mariana Islands, the U.N. Trust Territory of Palau, and two new sovereign nations created upon the signing of Compacts of Free Association with the United States government: the Federated States of Micronesia and the Republic of the Marshall Islands. These two new nations and Palau were formerly part of the U.N. Trust Territory of the Pacific Islands.[7]

The Pacific Basin Consortium, a federally-funded personnel preparation project designed to assist territorial departments of education in cooperative and concentrated service delivery efforts, has identified the following factors affecting delivery of educational services in the region:

- communication and travel difficulties in an area covering millions of square miles;
- small population groups that are isolated and geographically remote (some islands have school populations as small as 15 to 20 students);
- language and cultural differences (the majority of indigenous Pacific Basin cultures place a greater emphasis on conformity to group norms than Western cultures do. This can lead to a certain amount of stigmatizing of individuals with disabilities as "deviant," and to a consequent reluctance to identify mild or less apparent disabilities);
- very limited financial resources (Federal funds are often the sole or major support of educational programs in the region); and
- small numbers of professionally trained educators (Brady & Anderson, 1983).

Native Hawaiians, although not residing in the Pacific Basin proper (the majority reside in the State of Hawaii), are impacted by some of the same factors that affect service delivery to Pacific Basin inhabitants. Approximately 5 to 7 percent of the population of Hawaii is Native

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[6]The information presented in this section is based on data collected in 1988; where available, updated information has been included.

[7]Palau, formerly part of the U.N. Trust Territory has voted for self-governing, free association status, but certain provisions of the proposed constitution are under negotiation so Palau remains a Trust Territory under the administration of the United States (WRRC, 1987).

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Hawaiians. While relative isolation and fiscal limitations are not as constraining for this population, issues related to cultural and linguistic differences with the mainstream are very relevant.

PROGRAMS FOR NATIVE PACIFIC BASIN AND NATIVE HAWAIIAN STUDENTS

The degree to which Pacific Basin programs model themselves after mainland programs varies from territory to territory. The Territories of American Samoa and Guam and the Commonwealth of the Northern Marianas have developed an educational system similar to that of the mainland. These jurisdictions are now proceeding to build culturally adapted programs modeled after mainland schools (Western Regional Resource Center, 1987). Two conflicting philosophies exist concerning the role of mainland curricula and programs in the area. One suggests that English and mainland curricula should predominate. However, this philosophy has been challenged by some Pacific Basin educators, who believe locally developed curricula would better serve the region's students (Interview with Daniel Nielsen & Stephen Spencer, 1988; Interview with Jane French, 1988). These outlying areas are eligible to apply for special education funds either through the various individual programs (Part B of IDEA, Part H, and the like) or they may receive assistance through the consolidated grants programs. Currently, these areas apply for funding through the individual Federal special education programs.

The developing governments of the Western Pacific are in a different position. In 1986, with the signing of the Compacts of Free Association, the Trust Territory of the Pacific Island jurisdictions emerged as two new nations. Palau will become independent upon final ratification of the Compact. With the National Literacy Act of 1991 (P.L. 102-73), two independent nations became eligible for IDEA, Part B funds upon OSEP approval of their State Plans. Palau remains a U.N. Trust Territory pending the final negotiations on the Compact of Free Association; it participates in the consolidated grants program. The "free association" relationship specified in the compacts means that these entities are fully independent nations, with control over their own governance systems, laws, and domestic and foreign policy. Provisions in the legislation approving the Compacts of Free Association continued the participation of these developing governments in various Federal programs at a reduced level upon the agreement of the involved governments until FY 1989.

Special education services were introduced to the Pacific territories in the late 1960s and early 1970s (Brady & Anderson, 1983). Services in much of the region are in an introductory stage (Interview with Dawn Hunter, 1988). The Territory of Guam, with a long history of involvement with American educational models and a relatively concentrated population, has been relatively quick to develop special education services (Brady & Anderson, 1983), but in most areas of the Pacific Basin, special education and regular education services alike are being developed without many historical precedents, under very different conditions from those found on the mainland.

SPECIAL EDUCATION FOR NATIVE PACIFIC BASIN AND NATIVE HAWAIIAN STUDENTS WITH DISABILITIES

Information on special education service patterns in the Pacific Basin is scarce. Reporting requirements for child count and other OSEP data vary across the Pacific Basin due to the special status of some of the outlying areas. At the present time, American Samoa and Guam and the Commonwealth of the Northern Marianas, which apply directly for special education funds under the various individual programs are expected to meet the reporting requirements of the programs under which they are funded. Palau participates under the consolidated grants programs; Palau has recently begun to meet IDEA reporting requirements. Beginning with the 1992-93 school year, the Federated States of Micronesia and the Republic of the Marshall Islands will be required to meet the reporting requirements of IDEA as part of OSEP's State Plan approval process.

The Rehabilitative Hospital of the Pacific in Hawaii is constructing a Rehabilitation, Research, and Training Data Tracking System to determine the number of individuals in the Pacific Basin region served and in need of service in the areas of special education, vocational rehabilitation, and disability-related health care. Until this database is completed, no comprehensive special education data reporting system for the whole Pacific Basin region exists.

The few figures that are available, however, are illustrative of regional trends in service delivery. Guam serves six to seven percent of its students with disabilities, with those with moderate to severe disabilities receiving more extensive services than those with mild disabilities (Interview with Daniel Nielsen & Stephen Spencer, 1988). The Commonwealth of the Northern Marianas also provides higher rates of service to students with severe and profound disabilities while students with mild disabilities are underserved (Interview with Daniel Nielsen & Stephen Spencer, 1988). In American Samoa, one-half to two percent of the population are being served, with few individuals with mild disabilities among them (Interview with Jane French, 1988). Among Native Hawaiians, 7.5 percent of school enrollees were served as of 1983, below the national average of 11 percent for that year (The Kamehameha Schools, 1983).

A study of special education service patterns was completed by the Guam Division of Special Education for the 1983-84 school year (Lee, 1984). Data on the ethnic backgrounds of 1,946 special education students was analyzed; this was 96 percent of all students receiving special education. Disproportionately high proportions of Chamorros and other Pacific Islanders were served in special education while for Filipinos, Caucasians, Asians, and students of other ethnic backgrounds the opposite was true. Chamorros were 56.5 percent of Guam's total public school enrollment, but 72.1 percent of the special education enrollment. For Pacific Islanders these proportions were 2.3 and 3.4, respectively. The proportion of Chamorros students was disproportionally high among those categorized as slow learners, although this was true to a lesser extent for all categories of disabilities. Only for the slow learner category was the proportion of Pacific Islanders served not higher than would be expected. Filipinos were underrepresented among each of the individual disabilities, and Caucasians and other ethnic groups were served in disproportionately low proportions except for the communications disorders category.

The patterns of service delivery differ for Hawaii given its close relationship with the mainland. Hawaiian, part Hawaiian, and Samoan students were more likely to have learning disabilities than were all students receiving special education in Hawaii.[8] (See table G.7.) All three groups were, however, less likely to have speech impairments than were all students. Samoan students were slightly more likely to have mental retardation than were all students in Hawaii. No other meaningful differences were found given the small number of students in some combinations of ethnic groups and conditions of disabilities.

FACTORS ASSOCIATED WITH THE PROVISION OF SPECIAL EDUCATION TO NATIVE PACIFIC BASIN AND NATIVE HAWAIIAN STUDENTS WITH DISABILITIES

For students with disabilities who are natives of the Pacific Basin or Hawaii, there are several factors which make the delivery of special education services difficult. These include the unique language and cultures of the students and the extremely dispersed population centers in which these students live. Both of these factors will be outlined below with references to how they impact on the delivery of special education services to the population.

Language and Culture

The population of the Pacific Basin encompasses both Micronesian and Polynesian peoples, as well as a variety of non-indigenous populations. There are 16 ethnic groups in the region's student population, with more than 11 primary languages spoken. English is a second or third language for the majority of the region's students and educators alike (Brady & Anderson, 1983).

The Pacific Region Educational Program (PREP) reported in 1987 that there were between one and four indigenous languages spoken in the single jurisdictions of the regions; English is spoken in all jurisdictions with some indigenous families using English as a home language. Approximately 31 languages and dialects are spoken in the region (Northwest Regional Educational Laboratory, 1987). In 1986, approximately 20 percent of the students in Hawaii were Filipino, White, and part-Hawaiian; 2 percent were Hawaiian and 16 percent were Japanese (Pacific Region Educational Program, 1987). This diversity significantly impacts the identification and assessment process, programs for students with disabilities, and parental involvement.

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[8]Data were available from the Hawaii special education database on the number of students receiving special education by ethnic group. These data include students served under the Part B of IDEA on December 1, 1987.

TABLE G.7

Hawaii: Number and Percentage* of Students Receiving Special Education by Disability and Ethnic Group During 1986-87 School Year

Disability	Ethnic Group											
	Native American		Asian		Spanish/Puerto Rican/Portuguese		Black		White		Hawaiian	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Specific learning disabilities	29	56.86	756	32.59	825	59.61	193	47.54	1,398	44.61	329	56.82
Learning impairments	2	3.92	25	1.08	20	1.45	12	2.96	63	2.01	13	2.25
Speech impairments	13	25.49	1,069	46.08	296	21.39	102	25.12	1,024	32.67	154	26.60
Mental retardation	3	5.88	193	8.32	108	7.80	35	8.62	177	5.65	37	6.39
Serious emotional disturbance	3	5.88	72	3.10	74	5.35	27	6.65	216	6.89	17	2.94
Hearing impairments	0	0.00	43	1.85	9	0.65	7	1.72	39	1.24	10	1.73
Severe multiple disabilities	0	0.00	29	1.25	14	1.01	7	1.72	45	1.44	5	0.86
Orthopedic impairments	0	0.00	61	2.63	15	1.08	7	1.72	60	1.91	4	0.69
Other health impairments	0	0.00	16	0.69	4	0.29	6	1.48	41	1.31	6	1.04
Visual impairments	0	0.00	16	0.69	6	0.43	3	0.74	16	0.51	0	0.00
Deaf-blindness	0	0.00	2	0.09	2	0.14	1	0.25	0	0.00	0	0.00
Autism	0	0.00	6	0.26	4	0.29	1	0.25	11	0.35	1	0.17
Missing	1	1.96	32	1.38	7	0.51	5	1.23	44	1.40	3	0.52
All Disabilities	51	100.00	2,320	100.00	1,384	100.00	406	100.00	3,134	100.00	579	100.00

(Continued)

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Table G.7 (continued)

Disability	Ethnic Group									
	Part Hawaiian		Samoan		Filipino		Other		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Specific learning disabilities	2,468	55.02	325	58.45	1,086	45.55	507	47.38	7,916	48.36
Learning impairments	68	1.52	5	0.90	29	1.22	22	2.06	259	1.58
Speech impairments	1,189	26.50	117	21.04	738	30.96	323	30.19	5,025	30.70
Mental retardation[b]	265	5.91	53	9.53	261	10.95	79	7.38	1,211	7.40
Serious emotional disturbance	206	4.59	20	3.60	67	2.81	63	5.89	765	4.67
Hearing impairments	72	1.60	13	2.34	66	2.77	11	1.03	270	1.65
Severe multiple disabilities	56	1.25	5	0.90	38	1.59	14	1.31	213	1.30
Orthopedic impairments	71	1.58	8	1.44	41	1.72	25	2.34	292	1.78
Other health impairments	20	0.45	1	0.18	11	0.46	10	0.93	115	0.70
Visual impairments	13	0.29	2	0.36	18	0.76	5	0.47	79	0.48
Deaf-blindness	1	0.02	0	0.00	0	0.00	0	0.00	6	0.04
Autism	3	0.07	0	0.00	5	0.21	2	0.19	33	0.20
Missing	54	1.20	7	1.26	24	1.01	9	0.84	186	1.14
All Disabilities	4,486	100.00	556	100.00	2,384	100.00	1,070	100.00	16,370	100.00

* Percentage is based on all disabilities, calculated as follows:

(number receiving special education for a disability/number receiving special education for all disabilities) * 100.

[a]Asian includes Indo-Chinese, Chinese, Japanese, and Korean.
[b]Mental retardation includes mild, moderate, severe, and profound mental retardation.

Source: Hawaii Special Education Database.

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Identification and Assessment

In keeping with the requirements of Part B of IDEA, the identification and assessment process in the Pacific Basin is individual and nondiscriminatory in nature, and reflective of individual student's strengths and weaknesses. Within these parameters, the method of assessment used varies across the Pacific region. In the former Trust Territory nations, the approach has been to emphasize the specific functioning of the student (Welle, 1979). In American Samoa, curriculum-based assessment is being used, and assessment is conducted based on severe academic delay for students with mild disabilities (Interview with Jane French, 1988). Assessment is generally conducted by local special educators; however, consultative services are sometimes used in parts of the region. The Special Education Department at the Community College of Micronesia, which is responsible for developing and disseminating materials and/or procedures for identifying children's special learning problems in the area, provides direct consultation services to districts' programs upon request (Welle, 1979).

Culturally based perspectives in the Pacific Basin have affected the delivery of services to students with disabilities. For this reason, services are more likely to be provided to children whose disabilities are most visible or obvious. In American Samoa, for example, pity is a common response to persons with severe impairments, and these disabilities are viewed as a stigma (Interview with Jane French, 1988). Students with mild disabilities are not perceived to be in need of services. Because of these attitudes, only about two percent of the population is being served in the various categories of disabilities in American Samoa.

Evaluation materials for the region are in a developmental stage. Few assessment materials in native languages exist, so testing must generally be done in English. Given that English is the second or third language for most Pacific Basin students, it often requires additional care on the part of the assessor to discern between a learning problem related to a disability and a lack of proficiency with the English language. Because of the difficulty of accurate testing, immediately apparent visual, orthopedic, or serious hearing impairments and severe mental retardation are identified and served more readily than mild or less apparent conditions of disabilities (Brady & Anderson, 1983). Accurate identification of children in such categories as educable mental retardation, specific learning disabilities, and serious emotional disturbance is especially problematic (Welle, 1979).

Among the attempts to improve assessment in the Pacific Basin are:

- In American Samoa, the Intensive Educational Screening Project (IESP) is one in which special education consulting teachers work with regular education staff in adapting instruction and curricula for students experiencing significant difficulty and/or making inadequate progress. After several months, students whose needs were not accommodated sufficiently through curriculum-based forms of assessment and intervention are referred for multi-disciplinary evaluation and in some cases are

identified as having disabilities (Interview with Anita Pines, 1988).

- The Commonwealth of the Northern Mariana Islands currently has a bilingual grant to examine language development in native children; the goal is to develop an assessment model and eligibility criteria for speech impairments (Interview with Daniel Nielsen & Stephen Spencer, 1988).

Parental Involvement

Cultural norms and language differences in the Pacific Basin impact on the nature of parental involvement in special education; this is particularly true for the identification and assessment process and the goals parents have for their children. The majority of Pacific Basin cultures are far less individual-oriented than mainland U.S. culture. Among traditional Pacific families, individuals are expected to fulfill their responsibilities to their extended families throughout their life. "Independent living" for persons with disabilities is not necessarily an expected or desired outcome (Interview with Daniel Nielsen & Stephen Spencer, 1988). Among traditional Native Hawaiians, the 'ohana,' a cooperating, largely kin-based group that shares work and resources, still exists. Share-functioning, not independence, is the norm (Tharp, 1982). For both groups, parents generally do not want their children to deviate from group norms, nor do they want them separated from the peer group. Early results of an extensive community needs assessment survey conducted in the Trust Territory nations showed a preference for training in village-based and self-help skills (Brady, 1983). Education professionals seek to take these cultural differences into account when developing IEPs and outlining program options for students.

Some Pacific Basin parents choose not to become directly involved in their children's education and to defer decision making to professional educators. In the Northern Marianas, an attempt is being made to increase parental involvement through a parent advocacy movement, which is being encouraged by the Department of Education (Interview with Dawn Hunter, 1988).

Population Dispersal

The Pacific Basin is an area of more than 2.8 million square miles, larger than the continental United States. The total land mass, however, is just more than 1,000 square miles. The region has a population of approximately 266,000. The extreme distances and dispersed populations significantly impact placement patterns, special education programs, and personnel availability. In addition, these factors necessitate interagency cooperation in the provision of services to students with disabilities.

Placement

To meet the individual needs of children with disabilities, IDEA mandates that a continuum of placement options be available, and that children be served in the least restrictive environment possible. In the Pacific Basin, these two requirements have been difficult to accommodate. The development of placement options in the Pacific Basin has been affected by both geography and shortages of trained staff. In the areas of the former Trust Territory, because of small population centers and large distances separating islands--perhaps with school populations as small as 15 to 20--an attempt has been made to facilitate the integration of children within regular classrooms and in non-categorical and cross-categorical programs insofar as possible (Welle, 1979). One placement option available in many areas is a self-contained class within a regular education building. Community-based special education classes represent one way children with handicaps may be served in village schools in the most remote areas. Most of the region's territories have developed some resource rooms in village schools to serve children with mild disabilities while American Samoa and some areas of the Federated States of Micronesia have begun developing homebound programs with itinerant teachers to serve low incidence children or students in remote villages (Brady & Anderson, 1983). There are very few residential placements in the region.

In the Territory of Guam, some students are served in the Chief Brody Memorial School, which was the first separate school for students with disabilities founded in the Pacific Basin. Students in the school are increasingly being integrated within neighborhood schools (Interview with Daniel Nielsen & Stephen Spencer, 1988). In developed areas of Hawaii, the full range of placement options are available; in outlying Hawaiian islands, options are limited by such factors as remote locations, small population clusters, and the developing nature of many special education programs.

Programs

Due to small, remote population centers and scarcity of resources, service delivery in the Pacific Basin is less categorical than on the mainland. To a large extent, Pacific Basin special education programs use cross-categorical service delivery patterns. In the former Trust Territory areas, children are described as having mild, moderate, or severe disabilities according to their level of functioning in their surroundings (Brady, 1983). Across the region, even in more developed areas such as Guam, there is a movement underway toward noncategorical service delivery and cross-categorical placement (Interview with Dawn Hunter, 1988). Curricula in most of the region, however, have traditionally been imported from the mainland. Some special education classes are taught in native languages, but most classes for grades 3-12 are taught in English (Brady & Anderson, 1983).

There are two distinct views among Pacific Basin special educators as to the appropriateness of importing mainland curricula to the region. One view holds that curricula and instructional methods common to the mainland will help bring about modernization and economic development to the region, ultimately raising living standards. The other view holds that cultural

values and educational needs differ significantly between the mainland and the Pacific Basin such that mainland curricula are far less relevant and effective than locally developed curricula. Dr. Kangichy Welle, an adherent of the latter view, argues that some student difficulties in the region may be due to a curriculum that is not relevant or well-planned, rather than to the disability of the student (1979).

Some regular education services that are also used by special education students are in short supply in the region. Shortages of supplementary training in basic skills, tutoring and counseling services, and culturally appropriate counseling services have all been cited as contributing to the limited educational achievement of Native Hawaiians (The Kamehameha Schools, 1983). These shortages exist to a greater extent for populations residing in remoter areas of the Pacific Basin. Infant and preschool services are also under development in most of the region. There are some existing sources for program materials and technical assistance. The Community College of Micronesia's Special Education Department is responsible for developing and disseminating program materials, and technical assistance to territories is often provided by the Western Regional Resource Center (Welle, 1979 & Brady, 1983).

Two recent program development activities are of note:

- The lab school of the Kamehameha Early Education Project (KEEP), opened to Hawaiian children in 1972, utilizes teaching methods based on the cultural backgrounds of the Hawaiian student, particularly peer orientation. After five years of continual readjustment of instructional practices, reading scores began to improve significantly. KEEP staff members noted that their acceptance of a "talk-story" style of classroom participation coincided with the Hawaiian children's entering more freely into discussions of the readings (Harvard Graduate School of Education, 1988).

- To achieve the goal of teaching all Samoan children to read and to provide services to children with disabilities, American Samoa is implementing a consultative teaching program in five elementary schools. A consultant teacher will screen children in four grades on reading performance. Baseline data will be collected and interventions conducted. Children who fail to make adequate progress are reassessed and, where appropriate, referred for multidisciplinary evaluation (Interview with David Rostetter, 1988).

Personnel

Small numbers of professionally trained educators, high rates of staff turnover, and the remoteness of much of the population all combine to make special education personnel a scarce

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resource in much of the Pacific Basin. The level of training required for special education teachers varies across the region. Both Guam and Hawaii require a bachelor's degree and certification for all special education teachers, whereas in American Samoa and the nations of the former Trust Territory, only about 10 percent of special education teachers have bachelor's degrees. In the Commonwealth of the Northern Marianas, all teachers have associate degrees. In the former Trust Territory nations, only about half of the special education teachers are reported as having associate degrees (Brady, 1983).

The Pacific Region Educational Program (PREP) reported in 1987 that most teachers, 72 percent, were ethnic natives; however, Guam was an exception with slightly more than half of the teachers being non-natives. Most jurisdictions require only an associates degree for teacher certification, but some require higher degrees. Most teachers in the region are certified (Northwest Regional Educational Laboratory, 1987).

There are two degree-granting institutions in the Pacific Basin that provide preservice special education teacher training--the University of Guam and the Community College of Micronesia. The Community College of Micronesia grants an associate degree in special education and offers a concentration in visual, auditory, or learning problems. The University of Guam grants a special education bachelor's and master's degree that includes concentrations in learning difficulties, vocational education and administration (Brady, 1983). In addition to providing preservice training during the regular school year, the Community College of Micronesia also provides in-service sessions during summers for special education personnel from all over the Pacific Basin (Welle, 1979). Educators can receive additional training from universities outside the territories; many islands have no universities to train special educators. Pacific Basin special educators have participated in programs offered by the University of Hawaii, San Jose State University, and the University of Oregon, sometimes with government assistance (Interview with David Rostetter, 1988).

Preservice and in-service training are also provided at local sites by teacher trainers and short-term, itinerant consultants. American Samoa, the former Trust Territory nations and the Commonwealth of the Northern Marianas all employ teacher trainers within their special education divisions. Short-term consultants are most often professionals under contract or on staff with the Western Regional Resource Center. In other cases, consultants have been hired directly by territorial Departments of Education. The use of short-term consultants for teacher training has been criticized, because short-term consultants often lack cultural familiarity with the region and have language differences with local educators; frequently there is a lack of trained staff to follow up on recommendations (Brady, 1983). Despite these factors, however, use of short-term consultants frequently is the most feasible method of providing in-service training to special educators in remote areas.

Fiscal limitations, scarcity of resources and remoteness of much of the population make related services very difficult to provide in the Pacific Basin, except for Hawaii. All of the territorial departments of education confront severe personnel shortages in this area. When services are provided, it is generally by itinerant teams of medical and support personnel from the

U.S. mainland (Brady & Anderson, 1983). Some related services are provided by the local hospitals.

Interagency Cooperation

There are several organizations in the Pacific Basin that work to coordinate regional training and provide technical assistance to territorial departments of education. These organizations must confront isolation and language barriers in their attempts to facilitate interagency cooperation. The first of these is the federally-funded Pacific Basin Consortium, which consists of department of education representatives from each island territory and Hawaii, and Institutes of Higher Education representatives from the University of Guam, University of Hawaii and the Community College of Micronesia. Assistance has ranged from coordinating training for teachers of the severely handicapped to direct assistance in preparing project proposals and developing internal management procedures (Brady & Anderson, 1983). Another organization is the Resource Access Project of the Pacific, which brings together territorial Head Start and department of education early childhood officials to prepare teachers of young children for incoming special needs populations (Brady & Anderson, 1983). The Community College of Micronesia also works in close cooperation with local districts, planning its preservice and in-service training to reflect the needs of individual districts and serving as a clearinghouse for educational materials (Wells, 1979).

CONCLUSIONS

For Native Pacific Basin and Native Hawaiian students with disabilities, the provision of special education services is made particularly difficult by the population dispersal and the diversity of languages and cultures that characterize the region. Interagency cooperation in the provision of services and innovative approaches to programming offer two modes of improving service provision that have shown some promise in the region. However, more research is needed to assure further innovation in this region.

Perhaps the most critical need for future research regarding the Native Pacific Basin/Native Hawaiian population is more data to analyze student needs and service patterns. While the State of Hawaii's special education database may be used to provide data on the Native Hawaiians living in Hawaii, data on Native Pacific Basin students with disabilities and Native Hawaiians living outside Hawaii are scarce. The database under construction by the Coordinating Council for Data Collection in Micronesia may provide the necessary data to answer basic questions concerning the number of children served and where they are served. As with the LM-LEP population, further studies are needed on the impact of the use of native languages and culturally relevant curricula on the provision of services to these populations. Importantly, Native Hawaiian and Native Pacific Basin students tend to live in extremely different societies with dissimilar service delivery patterns; therefore, conclusions learned concerning one of these populations cannot be applied to the other.

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